

REQUEST FOR INFORMATION
SECTION A – PERSONAL PARTICULARS

Full Name of Applicant: <i>(Mr/Mrs/Mdm/Ms)</i> <i>(underline surname)</i>	NRIC/FIN/Passport Number:	Nationality	
E-mail address:	Contact Number <i>(please indicate country code for Non-Singapore phone number)</i>	Genting Rewards Membership No <i>(Please indicate NA if not applicable)</i>	
Mailing Address:	City/Town	Postal code	Country

SECTION B – DETAILS OF REQUEST

I, the above-named applicant, hereby request for the following information FROM ____ / ____ [MM/YY] TO ____ / ____ [MM/YY]
(please tick “✓” the type of record):

- ☐ Records of Entry & Exit relating to my visit to your casino
- ☐ Records of Levy purchases and validity
- ☐ Records of estimated cumulative wagered amount & net win/loss for Table Games (carded records only)
- ☐ Records of actual cumulative wagered amount & net win/loss for Electronic Gaming machines (carded records only)

Disclaimer

The information provided (the “Information”) relates solely to the patron’s gaming activities conducted with the use of his/her membership card. Any gaming activity conducted without the use of the patron’s membership card is not reflected in the Information.

This information is accurate as at the time of generating this report and does not account for any system disconnection issues, machine malfunction, technical issues not known at the material time, and gaming activity occurring when the membership card is not present. The information is an estimate only and does not constitute a definitive account of the patron’s gaming activities. RWS makes no representations, warranties or guarantees (express or implied), and the patron (including his proxies, nominees, agents or other representatives) must not assume or rely on the premise that the information is, or will be, accurate, complete, comprehensive, adequate or verified,

The information is provided on condition that (i) the patron (including his proxies, agents or other representatives) waives and releases RWS from and indemnifies RWS against any claim, loss and damage, fine or penalty arising out of or in connection with the provision (directly or indirectly) of, any of or any reliance upon the Information (“Claims”); and (ii) RWS shall not be liable for any Claims.

Any reference to RWS above includes a reference to each of the officials, employees, advisors, consultants, agents or other representatives of RWS.

- Please refer to the instructions on the reverse page.
- Further queries relating to requests for information may be directed to dpo@rwsentosa.com. RWS may also contact the applicant with regards to the processing of such request.
- I understand that the cost for processing my request(s) for the above information is SGD20, inclusive of the prevailing GST, for each calendar year, or part thereof, of records requested.

For use during collection of information:

.....
Applicant’s Signature

.....
Date

.....
Signature of Collector & Date

INSTRUCTIONS

- a. The completed “REQUEST FOR INFORMATION” can be submitted either :-
- i) In person at : RWS Members Lounge, Level B1;
 - ii) By post to:

Data Protection Office
Genting Centre
3 Lim Teck Kim Road
#11-01
Singapore 088934
 - iii) By email: a scanned copy of the completed form to dpo@rwsentosa.com.
- b. To safeguard the privacy of your information, we require all applicants to be authenticated.
- c. The applicant has to bring along his/her NRIC or Passport for verification either when submitting the form in person or when collecting the information in person for request made via post or email.
- d. Payment may be made at point of submission or collection by Cash, NETS, Debit/ Credit card.
- e. Please allow a minimum of 4 weeks to process the request.

FOR INTERNAL USE ONLY	
Data Protection Office:- Ref. No.: Date Received: Name & Signature: Designation:	Payment:- Payment amount: _____ Payment received via: <input type="checkbox"/> Cash <input type="checkbox"/> NETS <input type="checkbox"/> Credit Card* Tax Invoice No. : _____ Date: _____
Verification done via:- <input type="checkbox"/> Photo ID <input type="checkbox"/> Others: _____	Verification processed by:- Name & Signature: Designation: Date:

*To be accompanied by completed credit card authorization form if payment not made in person.

